

# NODA Application/Online Training Worksheet

This is the online worksheet for No One Dies Alone. Please fill out this form while you work through the training materials. Please be honest and thoughtful with your responses. You are not required to write extensive answers, but please write enough to show that you thought through the exercises and reflections.

All responses will be reviewed by the Team Leadership only and will not be shared or connected to an individual without express permission. A brief record will be kept to ensure completion of the training material. Once reviewed by the team leadership, all responses will be de-identified or deleted if requested.

\* Required

1. Name \*

---

2. Email \*

---

3. Phone Number - Required for group texting \*

---

4. Year? \*

*Mark only one oval.*

- M1
- M2
- M3
- M4
- MSTP
- Other: \_\_\_\_\_

5. Do you have a Google account in order to access Google Calendar? \*

*Mark only one oval.*

- Yes
- No - Please create a free account so you can access our calendar and sign-up.

6. Do you have the Group Me App? \*

*Mark only one oval.*

- Yes
- No - Please download the app as this will be a direct line of communication regarding the beginning and end of vigils.

7. Exercise #1 - Creating a healing space \*

---

---

---

---

---

8. Reflection #1 - NODA Origin Story \*

---

---

---

---

---

9. Reflection #2 - Meaning of Compassionate Companion \*

---

---

---

---

---

10. Exercise #2 Role of Compassionate Companion \*

---

---

---

---

---

11. Reflection #3 - Relationship with Death \*

---

---

---

---

---

12. Exercise #3 - A Healing Presence \*

---

---

---

---

---

13. Exercise #4 - Self-Care \*

---

---

---

---

---

14. Please list any questions or concerns you may have. - These will be reviewed by the Team Leaders and addressed on an individual basis, or if applicable, anonymously with the group as a whole.

---

---

---

---

---

15. Would you consider volunteering with NODA after you resume clinical duties? \*

*Mark only one oval.*

Yes

No

Possibly

16. I have reviewed and understand the NODA Calendar Sign-up Instructions\_COVID\_Initiative powerpoint.

*Mark only one oval.*

Yes

No

17. I have attended the in person PPE training at Towsley.

*Mark only one oval.*

Yes

No

18. Would you like us to delete your responses after your application has been reviewed? Any responses kept after review will be de-identified and used to improve future training, debriefing sessions, and group discussions. \*

*Mark only one oval.*

Yes, please delete my responses.

No, you may de-identify my responses and use them for training and debriefing materials.

---

This content is neither created nor endorsed by Google.

Google Forms